

WISCONSIN MEDICAID
RURAL HEALTH CLINIC PROVIDER STAFF ENCOUNTERS

Wisconsin Medicaid requires certain information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients. Personally identifiable information about Medicaid providers is used for purposes directly related to Medicaid administration such as determining the certification of providers or processing provider claims for reimbursement. Non-submission of cost report data will result in no settlement determination being made.

The use of this form is voluntary, but providers are required to submit the information required on the form for a settlement determination and payment to take place.

Instructions: Type or print clearly.

SECTION I — PROVIDER INFORMATION							
Rural Health Clinic Provider's Medicaid Provider Number				Reporting Period			
				From		To	
SECTION II — STAFF ENCOUNTERS							
Positions	Full-Time Employee Positions	Encounters					
		All Encounters			Medicaid-Only Encounters Including Medicaid HMO		
	Total	On Site	Off Site	Total	On Site	Off Site	Total
1. Physicians							
2. Physician Assistants							
3. Nurse Practitioners							
4. Other (Specify) _____							
5. TOTAL — Staff							